

NEW BUSINESS APPLICANTS:

NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____

LOCATION OF BUSINESS:

*The remaining portion of this application will be filled out by the
Building Inspector.*

BUILDING INSPECTOR:

The attached business application requires your review to determine if this business is in compliance with our zoning by-laws:

Map / Parcel: ____ / ____

Zoning District: _____

☐ The business listed above is in compliance and the owner may operate as:

☐ Business

☐ Home Occupation

☐ Service Trade

☐ The business (owner) listed above is NOT IN COMPLIANCE and must file an application with the Board of Appeals

Business Inspector: _____ Date: _____

Justin Post